



## The Salvation Army Emergency Disaster Services of Western PA

### EDS Volunteer Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for: **EDS VOLUNTEER**

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

#### Emergency Contacts

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

#### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to me joining EDS, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete before sending to DHQ:

TSA Location \_\_\_\_\_

Vol. Activity \_\_\_\_\_

**CONFIDENTIAL**

**THE SALVATION ARMY**

**To be initialed by CO before sending to DHQ:**

Volunteer has contact with children \_\_\_\_\_

Volunteer has absolutely NO Contact with

Children \_\_\_\_\_

**STATEMENT OF VOLUNTEERS  
(SALVATIONISTS AND NON-SALVATIONISTS) FOR WORK WITH CHILDREN \***

This statement will be completed by all applicants for volunteer work for any position involving the supervision or custody of children (under 18 years of age) or for any position in which the applicant is in any way involved with children. The completion of the statement will help to assure The Salvation Army that it will provide a safe and secure environment to those children who participate in its programs and who use its facilities.

**Personal Information**

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Present Church \_\_\_\_\_

Minister of Church \_\_\_\_\_

Other Churches attended regularly during the past ten years: \_\_\_\_\_

Education or training for work with children (List formal education courses and on the job training participated in, identifying the institution.) \_\_\_\_\_

**Personal References (not relatives)**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_

All prior work with children (List the church or other organization conducting the program, the name of the immediate supervisor and, if known, the name, address and telephone number of any individual now involved in the program.) \_\_\_\_\_

*\*For purposes of this Statement, the words "child" and "children" mean individuals below the age of 18 years.*

**STATEMENT OF VOLUNTEERS  
(SALVATIONISTS AND NON-SALVATIONISTS)  
FOR WORK WITH CHILDREN**

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**Statement**

As the applicant described above, I do hereby represent to The Salvation Army, with the understanding that The Salvation Army will rely upon the information provided in considering my application for work with children, that the foregoing information and following statements are true:

1. In my prior volunteer work I have never used a name other than that set forth above.
2. I understand the essential duties of my position in connection with the working with children in the programs of The Salvation Army. I am able to perform those essential job duties with no accommodation except as follows: \_\_\_\_\_
3. I have never been accused of abuse of a child or of actual or attempted sexual molestation of a child, either in a program for children or otherwise.

If the foregoing statement is not true, please describe the circumstances of the accusation and the outcome: \_\_\_\_\_

4. I have never been arrested as a result of a charge of child abuse or of actual or attempted sexual molestation of a child.
5. I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a child.
6. I authorize any of the churches or other organizations and their representatives and my personal references listed above to give to The Salvation Army any information they may have regarding my character and fitness for work with children. I release all such organizations and individuals from any liability that may result from their furnishing such information to The Salvation Army. I waive any right that I may have to inspect any records containing such information.
7. I am aware that The Salvation Army is a branch of the Christian Church. I agree that I will conduct myself in my work with children in a way which is consistent with the religious and charitable policies and principles of The Salvation Army.
8. Having provided the foregoing information and having affirmed the foregoing statements are true, I recognize that any false information or statements are punishable under the laws relating to perjury.

\_\_\_\_\_  
Applicant

Date \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Name \_\_\_\_\_  
Please Print

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

# For STAFF To Complete

## STATEMENT OF VOLUNTEERS (SALVATIONISTS AND NON-SALVATIONISTS) FOR WORK WITH CHILDREN

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(The remaining sections are to be completed by Salvation Army personnel)

1. All references identified above have been contacted and

- ☐ There were no reports of misconduct involving children; or
- ☐ Misconduct involving children was reported – applicant is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry

\_\_\_\_\_  
Immediate Supervising Officer

\_\_\_\_\_  
Date

2. Applicant's name has been checked in the Territorial Registry and

- ☐ The applicant's name did not appear in the Territorial Registry; or
- ☐ The applicant's name appeared in the Territorial Registry – applicant is not approved for work with children

\_\_\_\_\_  
Responsible Officer at THQ/DHQ/  
SFOT/ROR/ARC

\_\_\_\_\_  
Date

3. Applicant's name has been checked in available State data bases and

- ☐ There were no reports of misconduct involving children; or
- ☐ Misconduct involving children was reported – applicant is not approved for work with children and name has been reported to the Field Secretary for in the Territorial Registry

\_\_\_\_\_  
Responsible Officer at THQ/DHQ/  
SFOT/ROR/ARC

\_\_\_\_\_  
Date

4. \* Prior accusations of abuse have been investigated and

- ☐ There was no reasonable suspicion of abuse; or
- ☐ There was reasonable suspicion of abuse – applicant is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry.

\_\_\_\_\_  
Immediate Supervising Officer

\_\_\_\_\_  
Date

\* To be completed only if applicant reports an accusation in response to item #3 of Statement.

Rev. 2/03 CC

PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK  
**VOLUNTEER ONLY**

1-888-QUERYPA (1-888-783-7972)

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

TRY OUR WEBSITE FOR A QUICKER RESPONSE  
<https://epatch.state.pa.us>

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

FOR CENTRAL REPOSITORY USE ONLY  
CONTROL NUMBER

AFTER COMPLETION MAIL TO:  
PENNSYLVANIA STATE POLICE  
CENTRAL REPOSITORY – RCPU  
1800 ELMERTON AVENUE  
HARRISBURG, PA 17110-9758

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMBER		
The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information <u>contained in the files of the Pennsylvania State Police Central Repository only.</u>				
By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$22 fee is being waived because of my status as an unpaid volunteer.				
REQUESTER SIGNATURE (*Signature required for processing*)		DATE		
WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.				



THE SALVATION ARMY  
MOTOR VEHICLE REPORT REQUEST FORM

To be completed for all drivers of Salvation Army vehicles or anyone that drives a personal vehicle for Salvation Army business. **Form must be returned to your command for processing.**

**Please complete all fields below.**

**Must be legible – please type or print neatly - Incomplete forms will not be processed!!**

COMMAND UNIT	LOCATION CODE:
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☐ Officer ☐ Cadet ☐ Employee ☐ Child of Officer ☒ Volunteer

Driver's Name

\_\_\_\_\_  
Last First M.I.

SS#: xxx-xx- (last four digits only)	Date of Birth: (MM/DD/YYYY)	Sex:
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Driver License #:	State of Issue:	Expiration Date: (MM/DD/YYYY)
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Is this a DOT driver\*? ☐ YES ☐ NO

\*Driver must meet DOT requirements if operating a vehicle with a DOT decal and number.

Does driver have a CDL\*\*? ☐ YES ☐ NO

\*\*Driver must have a Commercial Drivers License (CDL) if operating commercial vehicles in excess of 26,000 pounds gross vehicle weight or driving a vehicle designed to transport more than 15 persons including the driver.

I understand that the privilege to drive on behalf of The Salvation Army is dependent on my ability to qualify and remain a qualified driver according to Salvation Army standards outlined in the "Driver Qualification Manual". I understand and acknowledge that, if I am an employee, and driving is a requirement of my employment, I may be terminated should I become disqualified to drive. I, the undersigned, hereby authorize Chesterfield Services, Inc. (CSI) to run a Motor Vehicle Report (MVR) at any time during my employment to evaluate whether I am qualified to drive under the Driver Qualification Manual standards. I, the undersigned, hereby authorize CSI to release to The Salvation Army any and all information contained in the MVR associated with the above name and driver's license number that is necessary to comply with the Department of Transportation Regulations. I, the undersigned, further agree to notify The Salvation Army immediately if my driver's license is revoked or suspended at any time during my employment/placement with The Salvation Army.

Driver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Unit Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only: This is a legal document and may be subject to audit. TSA must retain a copy of this form with Driver's Signature and a copy of the current Drivers License.  
FCRA 2015



**THE SALVATION ARMY**  
USA Eastern Territory  
www.disaster.salvationarmyusa.org

**Volunteer Release and Waiver of Liability**  
FIA #711  
REV. 04.2012

**Important:** All **VOLUNTEER** Salvation Army disaster workers, aged 18 & older, must have a signed Waiver of Liability on file. Please complete the following form and return this form to your local Salvation Army unit. Please print legibly!  
**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!**

This release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_ (the "Participant") in favor of **THE SALVATION ARMY**, a non-profit corporation organized and existing under the laws of the State of Georgia, USA, its directors, officers, employees, volunteers and agents (collectively, "The Salvation Army").

I, the Participant, desire to volunteer with The Salvation Army to provide emergency disaster relief services and engage in the activities related to offering these services. I understand that the activities may include, but are not limited to, travel to disaster sites in the United States; transportation in commercial and Salvation Army-owned vehicles; moving and lifting heavy objects; cooking and serving food; and working and inhabiting environments that may be without power, sanitation, or are otherwise damaged by the disaster event.

I hereby freely and voluntarily, without duress, execute the Release under the following terms:

1. **Waiver and Release.** I, the Participant, release and forever discharge and hold harmless The Salvation Army from any claim or liability that I, the Participant, may have against The Salvation Army with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in a disaster relief operation. I also understand that The Salvation Army does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).
2. **Insurance.** The Salvation Army does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. **EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A SALVATION ARMY DISASTER WORKER.**
3. **Medical Treatment.** Except as otherwise agreed to by The Salvation Army in writing, I hereby release and forever discharge The Salvation Army from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with The Salvation Army.
4. **Assumption of Risk.** I understand that my time with The Salvation Army may include activities that may be hazardous to me, including, but not limited to, cook and food preparation activities, loading and unloading of heavy equipment and materials, transportation to and from the disaster site, and working in locations damaged by the effects of a disaster. I recognize and understand that my time with The Salvation Army may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The Salvation Army from all liability for injury, illness, death or property damage resulting from the activities of my time with The Salvation Army.
5. **Photographic Release.** I grant and convey unto The Salvation Army all right, title and interest in any and all photographic images and video or audio recordings made by The Salvation Army during my work for The Salvation Army, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
6. **Other.** I understand that it is my desire to further the work of The Salvation Army by performing services as a Volunteer, specifically as a Volunteer in Emergency Disaster Services. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of The Salvation Army.

To express my understanding of this Release, I sign here with a witness.

**Participant Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**THE SALVATION ARMY**  
USA Eastern Territory  
[www.disaster.salvationarmyusa.org](http://www.disaster.salvationarmyusa.org)

**Code of Conduct for Disaster Workers**  
FIA #710  
REV. 04.2012

The Salvation Army is a worldwide religious and charitable organization, motivated by the love of God and concern for the needs of humanity. The Army's tradition of helping those in need began more than 150 years ago. Providing emergency relief to disaster victims is just one of many services The Salvation Army offers to those in need.

The Salvation Army disaster workers are expected to respect this tradition of service and conduct themselves in a manner reflective of the compassion and dignity of Christ. You are expected to adhere to the highest standards of personal, professional and business ethics and to always use common sense and good judgment about the way you conduct yourself when on duty representing The Salvation Army. Most of all, it is expected that all disaster workers of The Salvation Army will treat those we serve with respect and care, dispensing services equally and without discrimination.

As a Salvation Army disaster worker, you pledge to:

- Treat all people equally and deliver services without discrimination for any reason;
- Respect cultural and religious differences and accommodate these differences in the delivery of services;
- Protect the confidentiality of our clients and to refrain from disclosing sensitive information;
- Be mindful of expenses and help ensure that all donations, financial or in-kind, are used expressly for the purpose the donor intended;
- Refrain from business or conduct that is unethical or damaging to The Salvation Army's reputation;
- Avoid engaging in any illegal activity; and
- Support the Christian principles and mission of The Salvation Army.

When feasible, The Salvation Army disaster workers should remove their disaster apparel and identification when off-duty. The Salvation Army does not support the use of alcohol. Smoking and the use of other tobacco products or the use of alcohol is not permitted within The Salvation Army facilities, and Salvation Army disaster workers should refrain from using these products while in engaged in service delivery.

Inappropriate or unethical behavior may result in corrective action, including permanent dismissal as a Salvation Army disaster worker.

To express your understanding of this Code, please sign below:

**Participant Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_